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Article

The Sacred and the Profane: Wisdom and the Practice of Healing in Òrìṣà Medicine

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Abstract

"Disease", "health" and "wellness" are difficult concepts to define. One reason for this is that they express value judgments that are derived from specific cultures. Thus, I illustrated these claims with a comparative analysis between the structural elements of Òrìṣà/Yorùbà and Western medicine. Herein, I argued that in its journey from Africa to the Americas, Òrìṣà medicine has retained its sacred approach to health, disease, wellness, and wholeness. Specifically, this sacred conception of medicine is founded on two important pillars: (a) a sacred conception of the human person and (b) a supernaturalistic conception of disease and illness. The concert between these two essential pillars of Òrìṣà medicine require the reconceptualization of medicine and effective remedies in contemporary multicultural societies.

Keywords : Òrìṣà medicine, sacred, Àrùn, disease, Ajogun

Introduction

Òrìṣà cultural practices have existed in the Americas and different regions since the time of the enslavement trade. Today, Òrìṣà culture is practiced by approximately 256 million people worldwide, including Argentina, Australia, Benin Republic, Brazil, Cuba, Germany, Ghana, Haiti, Italy, Jamaica, Japan, Mexico, Nigeria, Puerto Rico, Sierra Leone, Spain, Togo, Trinidad and Tobago, UK, USA, and Venezuela. In all these places, Òrìṣà culture plays significant roles in medicine, music, dance, the arts, and in many facets of day-to-day living (K. Abímbọ́lá, 2007;

Abiodun, 2014; Thompson, 2010).

However, with the widespread significance of Òrìṣà culture in the world today, there begs a question: *What is Òrìṣà culture?* Numerous explanations of the similarities between Òrìṣà culture in West Africa and the Òrìṣà-derived cultures of the New World have been offered by various scholars. Some, for instance, focus on religion (Hucks, 2012; Murphy, 1994; Stewart, 2005; W. Abimbola, 1976), others on culture (Aiyejina & Gibbons, 1999; Haper, 1969; McLaren, 2015), and some have also focused on philosophy (K. Abímbọ́lá, 2004). Although these approaches have been crucial to our understanding of Òrìṣà practice, to have a fuller understanding of how 256 million people across the world live their lives, there is a need to focus on the roles of the sacred and the supernatural in Òrìṣà cultures. A focus on the lived culture itself, I maintain, reveals that Òrìṣà practice is a "medicinal" rather than a "religious" practice at its core.

Three Conceptions of Disease

Many scholars have made a distinction between the *naturalistic* (Boorse, 1975; Scadding, 1990; Thagard, 1999) and the *normative* or *constructivist* (Engelhardt, 1986; Margolis, 1976) conceptions of medicine. Naturalists adopt an empirical and objectivist approach to the identification of disease. In this perspective, disease is defined as aberrations and departures from the biological norm of functioning human beings, wherein the "norm" is pegged to factors, such as age groups and same sex. However, there are numerous problems with this account of disease. For instance, up until the 19th century, masturbation was considered unnatural, and was consequently treated as a "disease" (Engelhardt, 1974). Additionally, of course, homosexuality, which was once classified as a disease by the American Psychiatric Association, is still considered unnatural and a disease in some places.

On the other hand, the naturalist view adopts a scientific and logical approach to medicine. Its central claims assert that there have been ad-

vancements and progress in our understanding of diseases and illnesses. Moreover, the changes that have occurred over the years in the scientific accounts of diseases and illnesses have all been governed by a *logic of scientific methodology*, which guarantees the accumulation and advancement of knowledge (K. Abímbọ́lá, 2021).

Let us consider, for instance, the "advancement" and "development" in the understanding, diagnosis, and treatment of ulcers. Until the 1960s, physicians recommended milk and relaxation as treatments for stomach ulcers. However, by the 1970s, acid-blocking drugs, such as Tagamet™ (cimetidine), an H2 blocker, became popular in treating stomach ulcers. H2 blockers work by temporarily blocking histamine receptors located in stomach tissue, whose functions include gastric acid secretion stimulation. By 1983, after Barry Marshall and Robin Warren discovered *Helicobacter pylori* as the causative agent of certain ulcers, Western doctors are now routinely prescribing antibiotics for peptic, gastric, and duodenal ulcers.

The naturalist account of changes in ulcer treatment represented these changes as dictated by facts, rationality, and logic-the *scientific methodology*. Scientists in this approach operate by first formulating their theories and then conducting careful experiments to confirm or refute these theories.

In the previous example, the "upset stomach theory" of ulcers was replaced by the "acidic" theory. However, when it became evident to some scientists that blocking the production of acids in the stomach did not cure ulcers, this theory was also rejected, and we ended up with the "bacteria theory" of ulcers. The traditional philosopher would, therefore, maintain that the changes that have occurred in the treatment of ulcers are neither irrational nor arbitrary, since they can all be explained by "scientific methodology".

One damaging critique of the naturalist conception of medicine and disease is that it relies exclusively on biological science as its foundation for classifying and identifying "disease", "illness" and the prescription of remedies. Even so, the biological norm is theoretical and statistical!

It is irredeemably tied to subjective criteria of what the normal person is! Who is the biological norm? A 50-year-old male white male living in the United States? A 20-year-old male living in Nigeria? The human bodily makeup is a product of genetic history, as well as geographical, environmental, and other various factors. As Engelhardt (1975) aptly put it: "the concept of disease acts not only to describe and explain but also to enjoin to action. It indicates a state of affairs as undesirable and to be overcome." (Engelhardt, 1975, p. 127).

The leading alternative to the naturalist conception of medicine, disease, and wholeness is the *normative* or *constructivist* view, according to which disease and medicine are functions of our values (Engelhardt, 1986; Margolis, 1976). More specifically, disease, health and illness are more than just about discovering irregularities in nature. Medicine is about shared value judgments that are upheld in particular societies and as such, "diseases" would be the departures from the norms of society. Normative explanations maintain that medicine is irredeemably social, and as a result, power, influence, and community values often determine the identification of what counts as a disease and its corresponding remedies.

Essentially, the normative critique of the naturalist view asserts that disease, health, illness, and other wellness concepts are more than the empirical facts. Additionally, they express value judgments on the following:

(i) how we live our lives individually.
(ii) how our lives affect how others live.
(iii) the extent, range, benefits, and burdens that government and society can impose on our lives.

However, the normative view also has its shortcomings. One main problem is that it is too relativistic. Consider, for instance, the so-called disease of "drapetomania", which was a "mental illness" that was frequently diagnosed by medical practitioners in America as the cause of enslaved Africans fleeing captivity. Since its main symptom was running away from enslavement, only African Americans were diagnosed with

this particular disease (Cartwright, 1851). The naturalistic account of the disease, which is intricately bound up to empiricism, would claim that drapetomania was a pseudo-disease. In contrast, the normative account would claim that this was a legitimate disease for slavers and those who upheld the norms and values that protected enslavement, while for all others, this would be a pseudo-disease.

The global presence of Òrìṣà practice introduces a third conception of disease. Specifically, the Òrìṣà culture operates on an integrated conception of the cosmos — a conception in which the natural and supernatural worlds co-exist in the same realm of existence (Amusa & Ogidan, 2017; K. Abímbọ́lá, 2004).

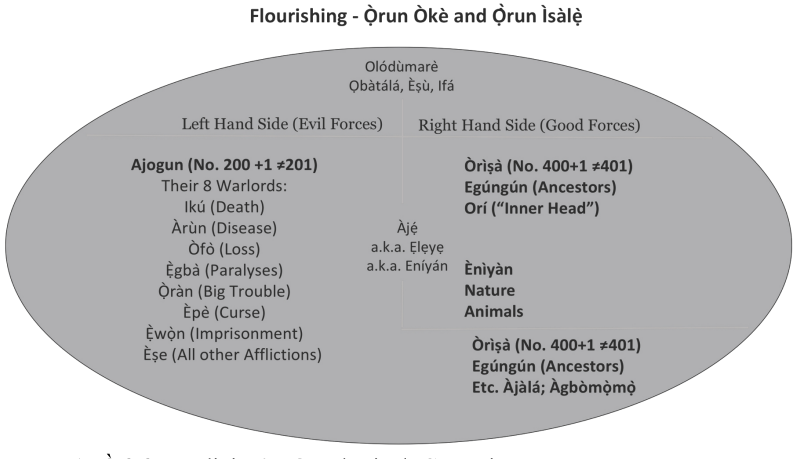

Figure 1. Òrìṣà Medicine's Ontological Commitment.

Contemporary Western medicine is predicated upon the assumption that the human person is made up of a body and a mind. Even though the mind is regarded as different from the body, it is hardly ever regarded as a sacred substance that could have a life of its own in some sacred world. Contrariwise, in the Òrìṣà belief system, humans, plants, animals, insects, reptiles, oceans, and drums, among all others, are all considered to be sacred. According to the perspective of Òrìṣà, Àrùn (Disease) is a negative supernatural entity that produces abnormal conditions, in-

fections, inflammations, etc., in other supernatural and natural beings (Ademosu, Thomas, & Adebiyi, 2021). Notably, in Òrìṣà and Òrìṣà-derived cultures, the human person has at least four pairs of parts, with each part having both spiritual and natural counterparts, as follows:

1. *Ara,* "the physical body", which is also the non-corporeal body that underpins personal identity.
2. *Ẹ̀mí,* "the breath of life", which is also the spiritual daughter of Olódumarè (the Supernatural Law-Giver).
3. *Orí*, "the spiritual principle of actualization", which is also symbolized by the physical corporeal head.
4. *Ẹsẹ̀*, "the principle of individual effort, strife or struggle", which is also symbolized by corporeal legs.

Let us consider, for instance, the following account of headaches given by Babalọ́lá Ifátóògùn (Ifá University, 2021), a world-renowned Òrìṣà medical practitioner. Following this, Ifátóògùn identifies three types of headaches, viz., *orí fífọ́* (i.e., migraine); *ọdẹ-orí* and *orí iwájú*.

Headache Type I (Orí fífọ́—i.e., Migraine)

> [Migraine] is usually caused by a worm called 'worm of the head'. It is a type of insect that God has created together with the flesh of the body. When this insect moves about in the head, it causes headache. The headache is as though someone is using an axe to cut the patient's head. During this, hot water will come from the patient's eyes. The patient will feel sleepy but be unable to sleep and s/he will feel cold. (Buckley, 1997, p. 35)

Headache Type II (Ọdẹ-orí)

> *Ọdẹ-orí* is caused by insects or worms in the head which bore holes from the head to the ears. They thus find their way into the open air. This enables air to get into the head from which

> it cannot then escape. These insects or worms will try to find the place where the hole is and this will cause the head to make a noise like rain. This type of headache may also create the noise *wọ̀rọ̀wọ̀rọ̀* in the ears or the head, and this may sound like boiling water to the patient. (Buckley, 1997, p. 35)

Headache Type III

> *Orí iwájù* affects the forehead. The cause of this type of headache is a worm that goes to the ears, but in this case, it goes to the eyes to fight. This type of worm is also called *arọ̀n-ojù* (i.e., worm of the eyes). This kind of headache affects the eyes and the forehead. The patient will complain about pain in the nose which hurts to such an extent that mucus will come from the nostrils. (Buckley, 1997, p. 36)

In addition to the physical properties of these "worms," divination is required to determine the type of worm affecting the patient. This makes it possible to prescribe the appropriate spiritual remedy (i.e., ẹbọ) that needs to be administered to the client.

Furthermore, let us consider the explanation of *sọ̀npọ̀nnọ̀* (smallpox) offered by the same Òrìṣà medical practitioner. However, before we examine Ifátóògùn's explanation of smallpox, I should point out that the word for smallpox in Òrìṣà is also the name of a God - *Ṣọ̀npọ̀nnọ̀*. Because of this, people do not usually call this God using this name, given the belief that calling this name becomes an invitation to both God and supernatural evil forces that cause smallpox. As a result, this God is usually called *Ọbalúayé*, which means something like, "Monarch, Lord of the world." Similarly, the illness smallpox is usually referred to by the metaphor *ilẹ̀ẹ́gbóná* or *èbóná*, which means "hot earth." Ifátóògùn's account of the smallpox is as follows:

> Whenever *Ṣọ̀npọ̀nnọ́* comes into the world, he is accompanied

by *ẹburú* (spirits) otherwise known as *wọ̀rọ̀kó*. These are the things that cause bad wind (*atẹ́gún búburú*). When this wind blows on to anyone this will become *Ègbọ́ná* (smallpox), the person will become hot and *Ṣọ̀npọ̀nnọ́* will be coming out of his body. *Ṣọ̀npọ̀nnọ́* uses a type of arrow known as *ọfà Ṣọ̀npọ̀nnọ́*. Wherever he shoots his arrow (*ọfà*) into the air, smallpox will affect the person, or tree, or animal, wherever the wind from the arrow touches. *Wọ̀rọ̀kọ́* comes out of the arrow in the form of wind. This is why old men pray that 'evil wind may not beat us (*afẹ́fẹ́ burúkú kò ní fẹ́ lù wá o*).'

Another way *Ṣọ̀npọ̀nnọ́* affects someone is through the witches (*ìyàmì àjẹ́*). Witches borrow the wind of *Ṣọ̀npọ̀nnọ́* and fight anyone they want to fight with it. It is as if a man goes to borrow a cutlass (*àdá*) from another man that the witches borrow the wind from *Ṣọ̀npọ̀nnọ́*. This is why, if *Ṣọ̀npọ̀nnọ́* affects anyone and they consult *Ifá* about it, *Ifá* may tell them that it is the witches who are fighting against them.

Another way *Ṣọ̀npọ̀nnọ́* affects someone is that there are some men who know about medicine, who can prepare a medicine that they can put in the house of a person they want to fight, so that *Ṣọ̀npọ̀nnọ́* can affect the person.

Ṣọ̀npọ̀nnọ́ always visits the world during the months of the dry season. Then he will visit the world (ayé) and also the heaven (*ọ̀run*) and he will affect both plants and human beings, so that the plants will shrivel up (*ro*). (Buckley, 1997, pp. 100–101)

It is apparent from Ifátóògùn's descriptions of these medical conditions that there is a supernatural dimension to Òrìṣà medicine that is not captured by the naturalistic and normative accounts of smallpox in Western medicine (Paul, 2018).

Interestingly, *disease* and *illness* in the Òrìṣà conceptual scheme could be a physical manifestation of the evil supernatural force called *Àrùn (i.e., Disease).* It should be noted that in Òrìṣà medicine, the word

for disease (i.e., a physical ailment) is the same as the world for the evil supernatural force, which is sometimes the cause of *Àrùn* meaning "physical illness."

Given these conceptions and discussions behind them, the kneejerk response that most people would give is to classify Òrìṣà as "religion", "culture", "anthropology", "art" and "philosophy" among others. Very few would initially consider this to be a medical system. This is due to the conception of medicine itself. In contemporary Western conceptions of medicine, diseases and illnesses have to do with the interactions among natural beings. Furthermore, diagnoses and treatment are involved with the implications of the natural causes of diseases on natural beings (Paul, 2018). Let us describe this Westernized conception of medicine as the "this-worldly" approach.

Implicit in the Òrìṣà culture of Africa and Òrìṣà-derived cultures of the New World is a conception of medicine in which diagnoses and treatment is defined in a three-way relationship among the following:

1. natural beings and other natural beings.
2. natural beings and sacred beings.
3. sacred beings and other sacred beings.

Three Conceptions of Medicine

It is customary in contemporary Western cultures to distinguish between traditional and alternative medicine. Traditional medicine is synonymous with *orthodox medicine*, which is the medicine practiced by licensed Western-style doctors who are required to have finished an approved medical school. Meanwhile, *alternative medicine* refers to all other non-traditional approaches to Western medicine, including Chinese acupuncture, Indian Ayurveda, the healing aspects of Sufism, and the Òrìṣà sacred approach.

Orthodox medicine is, by and large, allopathic in the sense that its methodology for the treatment of diseases is based on what may be called *the contrary principle*. Specifically, it attempts to treat diseases with

chemical agents that produce contrary effects, or in opposition, to the disease being treated. Moreover, allopathic medicine is also primarily concerned with the elimination of symptoms. On the other hand, in homeopathic medicine, *like* is treated *alike*. In addition, unlike allopathic medicine's focus on treating symptoms, homeopathic medicine focuses on the causes of disease. The ultimate aim of homeopathic medicine is the restoration of wholeness in the patient.

As with any "medical" practice, Òrìṣà medicine also identifies the causes of illnesses and similarly supplies remedies for symptom alleviation. However, unlike Western medicine, Òrìṣà medical practitioners make use of divination and the sacred world to make diagnoses and prescribe treatments. Moreover, unlike many other divination systems, the two divinations systems in Òrìṣà medicine do not rely on "spirit possession," soothsaying, or prophecy. Instead, the "divination" is based on the analysis and interpretation of stories that are contained in sacred poems and the hermeneutical application of these stories to the contemporary contexts of clients. Notably, the stories documented in these poems function as instructive examples that Òrìṣà medical practitioners use to diagnose, analyze, and make prescriptions to new patients, who present with similar problems to what was documented. Each poem (i.e., the Case Studies) details nine essential components:

1. The name(s) of the diviner(s) (medical practitioners) who recorded the case study
2. The name of the supplicant (i.e., patient) that the case study focuses on
3. The reason for the consultation (i.e., problem(s), difficulties) that brought the client to the diviner
4. The prescription recommended by the diviner(s)
5. Whether the client performed the recommendation
6. The result of the performance or non-performance of the recommendation
7. The joy or sadness expressed by the client after the performance or non-performance of the prescription

8. The morale or principle embedded in the poem that now serves as the useful educational principle that both the diviner and client can apply to contemporary cases
9. The story, which is a narrative of the events that give the background and details of the facts from the perspective of the client or the diviner (See W. Abimbola, 1976).

Consider, for instance, the following Ifá poem (collected from Awo Babalọlá Ifátóògùn, in Ìlobùú, Nigeria, in July 2000).

Table 1.
Ogbèdí – Ọ̀ṣun's Taboo

Àtinúdénú Awo Ọ̀ṣun	The Tunnel, Ọ̀ṣun's diviner
Ló dífá fỌ̀ṣun níjọ́ tóun Ejò jọ ń ṣọ̀rẹ́	Divined for Ọ̀ṣun when she was the Snake's spouse
A dífá fỌ̀ṣun tí ń sùnkún òun ò rọ́mọ bì	Ifá divination was performed for Ọ̀ṣun when she was lamenting the fact that she did not have children
Ń jẹ́	[Ifá] Says
Ẹ̀ẹ̀ mọ̀ pé èrọ lọkà rìn	Don't you know that Millet traveled through a tunnel
Tó é dénú Ọká	And got inside Ọ̀ṣun
Ọlọ́ṣun lỌká	The Snake is a devotee of Ọ̀ṣun
Bẹ́ẹ̀ ni èé jẹkàa bàbà	Yet, she doesn't eat Millet

The story in this poem recounts Goddess Ọ̀ṣun who could not bear children at one time. After trying so many naturalistic remedies unsuccessfully, she eventually went for a divination from the diviner named "From-the-inside-into-the-inside" who diagnosed Ọ̀ṣun's infertility as a result of inadvertently eating millet, which was her taboo. It turned out that it was Ọ̀ṣun's husband who had been unwittingly eating millet and had been transferring the millet from his inside into Ọ̀ṣun's. The Snake, who was Ọ̀ṣun's husband, always swallowed his meals whole, and unfortunately, some of his meals themselves ate millet. As a result, the millet eventually made its way into Ọ̀ṣun's inside. To date, Goddess Ọ̀ṣun is one of the most well-known Òrìṣà. Millions of people visit Ọ̀ṣun's sacred grove in the city of Òṣògbo, Nigeria every year to resolve their

concerns of infertility.

Similar to Ifátóògùn's classification of headaches, the cause of infertility could be naturalistic or supernaturalistic. Moreover, the diagnosis in the Òrìṣà approach often requires divination to unearth the true causes of the disease and to facilitate the prescription of appropriate remedies. In fact, many poems have a list of herbal remedies that are attached to them, wherein both spiritual and herbal remedies are prescribed in these situations. In addition to the suggestion that the spouse of the client might be the unwitting cause of infertility, herbal remedies that could be recommended for the client include a decoction made from the Sacred Waters of the Òṣun River, which flows from the southwestern parts of Nigeria into the Lagos Lagoon.

Let us consider another poem from the Ifá Sacred Corpus (poem collected from Awo Babalọlá Ifátóògùn, July 2000).

Table 2.
Ọ̀yẹ̀kundi 1

Ọ̀yẹ̀kundi Awo Èṣù	Ọ̀yẹ̀kundi Èṣu's diviner
Ló dífa fÉṣù,	Divined for Èṣù,
Ti ń ṣọ̀gbọ̀gbọ̀ Àrùn,	Who was suffering from an unknown illness,
Tí ń najú àti dide.	Who was unable to get out of bed.
Ǹ jẹ́:	[Bàtá] says:
"Èṣù,	"Èṣù,
Àgbàgì,	The tough and rugged on,
Aníńla ká 'Lùú;	The Big One throughout the city;
O ti rúbọ,	You have performed the sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀.	Avoided.
O rúbọ,	You performed sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀.	Avoided.
O ti rúbọ,	You have performed the sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀."	Avoided."

The story in this poem recounts the God Èṣù, the one responsible for maintaining the balance of power between the Òrìṣà (Good Supernatural Powers) and the Ajogun (Evil Supernatural Powers), who was suffering from *Ògbọ̀gbọ̀* disease. This disease comes up frequently in Ifá poems, and its symptoms are somewhat akin to adrenal fatigue with depression. Specifically, its typical symptoms include fatigue, body aches, unexplained weight loss, low blood pressure, light headedness, and a persistent feeling of sadness and loss of interest. After several days of lying in bed, Èṣù summoned a bit of will power to call his diviner/medical practitioner, whose name was Ọ̀yẹ̀kundi. The prescription he was given was to propitiate the Orí (Personal Guiding Spirit) of his friend, Bàtá (who is a Drum). The day after the prescription was performed, Bàtá came to Èṣù's house, and as he was walking down the street, he started singing songs of praise to Èṣù:

Table 3.
Ọ̀yẹ̀kūndi 2

"Èṣù,	"Èṣù,
Àgbàgì,	The tough and rugged on,
Aníńla ká 'Lùú;	The Big One throughout the city;
O ti rúbọ,	You have performed the sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀.	Avoided.
O rúbọ,	You performed sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀.	Avoided.
O ti rúbọ,	You have performed the sacrifice,
Ọ̀yẹ̀kundi;	Ọ̀yẹ̀kundi;
Ọ̀yẹ̀."	Avoided."

Upon hearing Bàtá, Èṣù crawled out of bed, stretched one leg then the other, and went to his front door. Before he realized what he was doing, he was dancing up and down the neighborhood with Bàtá. In addition to a spiritual offering similar to what the story recounted, there is

also a specific mixture of herbs that Òrìṣà medical practitioners always prescribe when someone is diagnosed with Ọ̀gbọ̀gbọ̀ Àrùn.

It is also important to note certain clear implications of this poem for the treatment of a contemporary client who is suffering from Ọ̀gbọ̀gbọ̀ Àrùn as follows:

1. The need to take urgent action.
2. The importance of helping hands in effective remedies.
3. Recognizing that you are not alone.
4. Uplifting the spirit with music, dance, art, etc.
5. Above all, care in the community through sociation (and avoidance of isolation or sanatorium).

Divination, Sacrifice and The Practice of Healing

As established previously, divination is the primary method of diagnosis used by Òrìṣà medical practitioners, which focuses on the identification of signs. The medical practitioner will first invoke the Orí of the supplicant, and then establish a link between the supplicants Orí, Ifá (the God of Wisdom), and Èṣù (the universal policeman.) This link will reveal a series of signs that will be used with the Book of the Sacred Ifá corpus, which contains poems, remedies, histories, case studies, and specific advice for helping the supplicant. In many cases, relevant poems will have supernatural and natural remedies to alleviate and cure supplicant's illnesses and diseases.

As illustrated with the aforementioned examples, there is no real separation between supernatural and natural remedies for the Òrìṣà medical practitioner. Both are usually prescribed for the reason that every supplicant is experiencing specific physical or naturalistic symptoms. Even when supernatural forces cause these illnesses, they will have naturalistic symptoms to alleviate them. In turn, when a disease is driven entirely by natural forces, it is believed that the supernatural powers of nature can be summoned to help rearrange the natural imbalance and is crucial in warding off any future recurrence. The reason for this belief

is simple. There is no real distinction between the supernatural and the natural world in Òrìṣà culture. Both exist in the same cosmos, in more or less the same way that Africa and Europe (or any other region of the world) co-exist in the same plane of existence.

Divination and ẹbọ (i.e., the sacrifice/prescription for a divination) are indispensable to Òrìṣà medicine. As mentioned, divination is used to diagnose supernatural illnesses. Although illnesses that are caused by natural agents require natural remedies, they may need supernatural remedies as well. Conversely, illnesses that are caused by supernatural forces do require supernatural remedies, but at the same time, they would have produced physical symptoms that also require physical medicines. Moreover, naturalist remedies are ineffective in resolving illnesses or diseases caused by the Ajogun. Therefore, the practice of Òrìṣà medicine is not merely homeopathic in the sense that it relies only on physical wholeness. It is also interested in sacred balance, which can only be restored with divination and sacrifice. In every situation where a sacrifice is offered, the sacrifice is presented to Èṣù, who then uses it to appease, neutralize, and dispel the powers of the Ajogun from the supplicant.

It should be noted that there are two methods of divination used by Òrìṣà medical practitioners; Ifá divination and Ẹẹ́rìndínlógún (Sixteen Cowries) divination, which summarizes the 256 books of the Ifá system into 16 books. Every bonafide Òrìṣà medical practitioner must be competent in at least one of these two systems. Ẹẹ́rìndínlógún divination is suitable for quick and instant diagnosis, whereas Ifá divination is required for a more detailed and comprehensive diagnosis.

There are, of course, other divination systems, such as kola nut divination or divination with sand, which are now found in some Òrìṣà communities. However, these practices are either not from the original Òrìṣà culture (e.g., sand divination) or were only recently invented (e.g., kola nut divination). Additionally, many people have adopted medical skills and methods from other cultures in these practices, including Islamic, Chinese, and Christian cultures, among others (Paul, 2018).

The claims I make here apply only to Òrìṣà medicine practiced by

those who use one of the two indigenous Òrìṣà divination methods (Ifá or Ẹẹ́rìndínlógún) for medical diagnoses. These two forms of divination require training, testing, and certification by the relevant communities of practitioners in Africa.

If, following diagnoses with divination, the diviner proclaims that the cause of a disease or illness is sacred rather than physical, then a sacrifice is prescribed to treat that disease or illness. In short, given that humans, the agents that cause diseases, and the illnesses, all have sacred counterparts, these treatments may require sacred therapy in addition to physical treatment.

Given this logic, it also follows that the role and function of sacrifice in Òrìṣà and Òrìṣà-derived cultures cannot be understood without the concept of divination. Divination and sacrifice are two sides of the same coin. This is because sacrifices do not occur in vacuums. Without divination and the appropriate interpretation of the divination by a wise diviner, it would be impossible to determine which sacrifice to offer.

Conclusions: Globalization and Òrìṣà/Òrìṣà-derived Medicine

This article is "preliminary" in the sense that it focused on just one aspect of Òrìṣà medicine. More specifically, I have attempted to answer the questions: *what is disease?* and *what is medicine?* from the Òrìṣà perspective. As a result, I have maintained that there is a unique understanding of medicine that is common to all Òrìṣà and Òrìṣà-derived medical practitioners, which deal with the following:

1. The sacred conception of human personality.
2. The supernaturalist conception of disease and illness that is prevalent in all Òrìṣà cultures.
3. The hermeneutics of interpretation by sagacious diviners who apply the Case Studies of ancient poems to the current contexts of clients.

An estimated 256 million people around the world make use of Òrìṣà

medicine in resolving medical cases that Western medicine have been unable to resolve. Therefore, urgent research is required to understand Òrìṣà medicine's classification of germs, worms, diseases, and illnesses. Furthermore, the efficacy of the many herbal remedies that are attached to Ifá poems also needs to be assessed. As such, we should not ignore and dismiss these remedies simply because they do not fit the received Western naturalistic and constructivist models of medicine. Similarly, we should not eagerly dismiss other models of disease and medicine merely because they are not founded upon Western/European conceptions of health, wellness, disease, and wholeness.

If we continue to describe Òrìṣà practice as primarily a religious practice, the rich interconnection of poetry, wisdom, and divination as a method of diagnosis, as well as the wide range of herbal remedies that could be of immense benefit to the advancement of wellbeing, could be forever lost. Indigenous cultures have a wealth of valuable and effective remedies to offer to the world.

References

Abímbọ́lá, K. (2004). Yoruba diaspora in Ember, M, Ember, C.R. and Skoggard, I, *Encyclopedia of diasporas: Immigrant and refugee cultures around the world*. New York, NY: Kluwer Academic Publishers.

Abímbọ́lá, K. (2007). Medicine and culture: transcultural needs in modern western societies. *The AvMA Medical and Law Journal*, *13*(3), 112−116.

Abímbọ́lá, K. (2021). Reason versus Ian hacking's styles of scientific reasoning. Resistances. *Journal of the Philosophy of History*, *1* (2), 1−14.

Abimbola, W. (1976). *Ifa: An exposition of Ifa Literary Corpus*. Ibadan, Nigeria: Oxford University Press.

Abiodun, R. (2014). *Yoruba art and language: Seeking the African in African art*. New York, NY: Cambridge University Press.

Ademosu, T., Thomas, T., & Adebiyi, S. (2021). Madness, mythopoetry and medicine. In Stoyanov, D., Fulford, B., Stanghellini, G., Van Staden, W., & Wong, M. T. (Eds.), *International Perspectives in Values-Based Mental Health Practice* (pp. 95−102). Cham, Switzerland: Springer.

Aiyejina, F., & Gibbons, R. (1999). Òrìṣà (Orisha) tradition in Trinidad. *Caribbean quarterly, 45*(4), 35−50.

Amusa, S. B., & Ogidan, C. A. (2017). Yoruba indigenous medical knowledge: a study of the nature, dynamisms, and resilience of Yoruba medicine. *Journal of the Knowledge Economy*, *8*(3), 977−986.

Ayeni, E. A., & Aliyu, N. (2018). Ethnomedicinal survey and documentation of healing river sources among the Yoruba people (Ijesha Land), Nigeria. *Journal of Complementary Medicine*, *8*(2), 59−70.

Boorse, C. (1975). On the distinction between disease and illness. *Philosophy and Public Affairs, 5*(1), 49−68.

Boorse, C. (1977). Health as a theoretical concept. *Philosophy of Science*, *44*(4), 542−573.

Boorse, C. (1997). A rebuttal on health, in J.M. Humber and R.F. Almeder (eds.), *What is Disease?*. Totowa, NJ: Humana Press, 3-143.

Buckley, A. (1997). *Yorùbá Medicine.* New York, NY: Athelia Henrietta Press.

Cartwright, S. 1851 [2004]. Report on the diseases and physical peculiarities of the Negro race. Reprinted in A. L. Caplan, J. J. McCartney, and D. A. Sisti (eds.), *Health, disease, and illness* (pp. 28-39). Washington, DC: Georgetown University Press.

Engelhardt, H. T. (1974). The disease of masturbation: values and the concept of disease. *Bulletin of the History of Medicine*, *48*, 234-248.

Engelhardt, H. T. (1986). Clinical complaints and the Ens Morbi. *Journal of Medicine and Philosophy*, *11,* 207-214.

Feyerabend, P. (1993). Against method. London, UK: Verso.

Harper, P. (1969). Dance in Nigeria. *Ethnomusicology*, *13*(2)*,* 280-295.

Hucks, T. E. (2012). *Yoruba traditions and African American religious nationalism.* Albuquerque, NM: University of New Mexico Press.

Ifá University (2021). Awo Babalọlá Adébóyè Ifátóògùn. Retrieved June 1, 2021, from https://ifa.university/ifatoogun/

Kuhn, T. S. (1962). *The structure of scientific revolutions*. Chicago, IL: University of Chicago Press.

Laudan, L. (1984). *Science and values: the aims of science and their role in scientific debate*. California, CA: University of California Press.

Margolis, J. (1976). The concept of disease. *The Journal of Medicine and Philosophy*, *1*, 238-255.

McLaren, J. (2015). [Review of the book *Myth performance in the African diasporas: ritual, theatre, and dance,* by B. Brown, D. Kuwabong, & C. Olsen]. *Research in African Literatures*, *46*(2), 164-166. doi: https://doi.org/10.2979/reseafrilite.46.2.164

Murphy, J. M. (1994). *Working the spirit: Ceremonies of the African diaspora*. Boston, MA: Beacon Press.

Olademo, O. (2020). The practice of Yoruba religion in the diaspora: Some

emerging challenges. In Abdussalam, A. S., Aderibigbe, I. S., Babatunde, S. T., & Akindipe, O. O. (Eds.), *Culture and Development in Africa and the Diaspora* (pp. 176–183). Abingdon, UK: Routledge.

Paul, A. I. (2018). The survival of the Yorùbá healing systems in the modern Age. *Yorùbá Studies Review*, *2*, 103–109.

Scadding, J. (1990). The semantic problem of psychiatry. *Psychological Medicine*, *20*, 243–248.

Stewart, D. M. (2005). *Three eyes for the journey: African dimensions of the Jamaican religious experience*. New York, NY: Oxford University Press.

Thagard, P. (1999). *How scientists explain disease*. Princeton, NJ: Princeton University Press.

Thompson, R. F. (1984). *Flash of the spirit: African & Afro-American art & philosophy*. New York, NY: Vintage Books.

Wachbroit, R. (1994). Normality as a biological concept. *Philosophy of Science*, *61*, 579–591.

Warren, J. R., & Marshall, B. (1983). Unidentified curved bacilli on gastric epithelium in active chronic gastritis. *The lancet*, *321*(8336), 1273–1275.

Worrall, J., & Worrall, J. (2001). Defining disease: Much ado about nothing? In Tymieniecka, A. T., & Agazzi, E. (Eds.), *Life interpretation and the sense of illness within the human condition: Medicine and philosophy in a dialogue* (pp. 33–55). Dordrecht, Netherlands: Springer.

Worrall, J. (2002). What evidence in evidence-based medicine. *Philosophy of Science*, 69, S316–S330.

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